



# LOUISIANA HOSPITAL ASSOCIATION

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September 29, 2011

Bruce Greenstein  
Secretary  
Louisiana Department of Health & Hospitals  
PO Box 91030  
Baton Rouge, LA 70821-9030

Dear Bruce:

On behalf of our LHA and MHCNO member hospitals and health systems, we appreciate the willingness of the Department over the last several months to engage in discussion with the LHA on issues pertaining to the CCN program. We also understand and appreciate the Department's recent decision to delay the implementation of the program by one month. It is very important that everyone – providers, payers, and recipients – have all of the information needed in order to make the best decisions relative to the program going forward.

In an effort to address some ongoing questions, as well as relay some issues that hospitals have encountered when dealing with CCNs, we are writing to ask the Department for some additional clarification and guidance on the below items:

1. Clarification of current Medicaid reimbursement rates and methodologies
  - a. Global and hospital-specific rate details to ensure all parties completely understand how hospitals are reimbursed under Medicaid, which can and often does vary significantly by facility.
  - b. Additional information regarding Graduate Medical Education rates and methodologies.
  - c. Additional information regarding cost based reimbursement and settlement process.
2. Availability of Contracts, Policies & Procedures and other clarifications
  - a. When will the executed contracts between DHH and the CCNs be available for review?
  - b. When and how will DHH clearly communicate the date on which the "3 documented contract attempts" begins?
  - c. When will the CCN Policies & Procedures and Provider Manuals be complete and available for review?
  - d. Information and guidance regarding what items and terms in the provider agreement cannot be changed or modified. Please provide an explanation or reference regarding why these items cannot be changed or modified.
  - e. Is there an absolute deadline for providers to contract with CCNs for inclusion in provider directories, or are these documents going to be updated on a regular basis?
  - g. Is there any limit to ancillary or other services that CCNs can carve out of a provider contract? Are there any requirements that a provider must carve these services out of their contract with a CCN?
3. Network related issues
  - a. On occasions when a CCN is not able to transfer a patient to either an in-network facility or the most appropriate care setting, what is the Department's guidance on how these situations should be coordinated and reimbursed? Per the Rule and RFP, post-stabilization care is covered under the provisions as specified in 42 CFR 422.113 and 42 CFR 438.114.
  - b. Per the RFP, "the CCN shall not deny payment for treatment obtained when a member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in 42 CFR 438.114(a) of the definition of an emergency

medical condition. Per the Rule, "the CCN-P may not concurrently or retrospectively reduce a provider's reimbursement rate for these emergency services, including ancillary and diagnostic services, provided during an episode of care." In instances where a patient presents to a hospital's emergency room, is evaluated and treated, and subsequently determined to be non-emergent, what is the Department's guidance on coverage for these situations, both in-network and non-network?

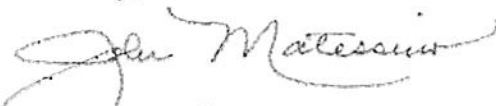
- c. Assuming medical necessity has been met for a covered service, is there any circumstance in which a CCN would not be required to authorize a service at a network facility if that facility is the preference of the doctor and patient?
- d. Under what circumstances would non-network facilities be required to perform non-emergency and/or elective care? Please provide guidance and clarification and cite any appropriate references.

4. Other issues

- a. What is the program requirement for provider malpractice insurance limits?
- b. Are there any provisions that would allow a CCN to prohibit a provider from charging for medical record copies as allowed in LA RS 40:1299.96?
- c. Can DHH offer guidance and clarification regarding the subcontract requirement "include a provision which states the subcontractor is not permitted to encourage or suggest, in any way, that members be placed in State custody in order to receive medical or specialized behavioral health services covered by DHH?"
- d. Can DHH provide some specific guidance on how Medicaid CCN-P information should be reported with respect to Medicaid cost reports? Are Medicaid CCN-P days eligible for inclusion toward Medicare DSH?
- e. Please provide guidance on how will the CCN-P program impact the Physician UPL program?
- f. Can DHH offer guidance and clarification for resolving CCN-S issues arising from claims that were pre-processed in error?

It would be very helpful if DHH could provide the requested additional guidance and clarification in a detailed written response that we could make available to our membership. As always, we appreciate the opportunity for dialogue with the Department and stand ready to work with you on these issues. If you have any questions or need additional information, please let me know.

Sincerely,



John A. Matessino  
President & CEO  
Louisiana Hospital Association



Paul A. Salles  
President & CEO  
Metropolitan Hospital Council of New Orleans

CC: Jerry Phillips, Undersecretary, Department of Health & Hospitals  
Don Gregory, Medicaid Director, Department of Health & Hospitals